

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/069007

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/	/		/		51		
2	/			/		52		
3	/			/		53		
4	/			/		54		
5	/			/		55		
6	/			/		56		
7	/			/		57		
8	/			/		58		
9	/			/		59		
10	/			/		60		
11	/			/		61		
12	/			/		62		
13	/			/		63		
14	/			/		64		
15	/			/		65		
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17	/			/		67		
18						68		
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41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.	16		1			TOTAL IND.		
TOTAL DEP.	1		16			TOTAL DEP.		
TOTAL CLAIMS	17		17			TOTAL CLAIMS		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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